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**APPLICANTS**

Carl E. Betta, Freehold, NJ;  
Gerald L. Hoover, Red Bank, NJ;  
John Jutten Lawser, Holmdel, NJ;  
James J. Mansell, Fair Haven, NJ;  
Han Q. Nguyen, Marlboro, NJ;  
Larry Arnise Russell, Atlantic Highlands, NJ;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Samuel H. Dworetzky  
AT&T CORP.  
P.O. Box 4110  
Middletown, NJ 07748-4110

**TITLE**

Voice over IP service implementation for providing multimedia features

<b>FILING FEE RECEIVED</b> 988	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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